

## Fair Services - Orderform

Fair: \_\_\_\_\_

<b>Ex company</b> _____ _____ <b>Phone</b> _____ <b>Handler:</b> _____ <b>Fax</b> _____ <b>E-Mail:</b> _____	<b>To</b> <b>Lagermax Messelogistik-Center</b> Am Messezentrum 6, 5020 Salzburg/Austria <b>Phone</b> +43/662/40 90-2299, 2295 +43/662/44 81-205 <b>Fax</b> +43/662/40 90-692 <b>E-Mail:</b> messe.salzburg@lagermax.com
---	--

<b>EXHIBITOR:</b> _____	<b>SENDER:</b> _____
_____	_____
<b>HALL:</b> _____ <b>STAND:</b> _____	<b>FORWARDING AGENT:</b> _____
<b>Contact:</b> _____	<b>SHIPMENT:</b> _____
<b>Phone:</b> _____	<b>EXHIBITOR PRESENT:</b> <input type="radio"/> YES <input type="radio"/> NO

<b>FORKLIFT:</b>	<input type="radio"/> up to 3 tons <input type="radio"/> up to 5 tons <input type="radio"/> up to 7 tons	<input type="radio"/> long forks <input type="radio"/> hand pallet truck <input type="radio"/> loading / unloading supervision	<input type="radio"/> ropes, shackle <input type="radio"/> strapping machine
<b>CRANE:</b>	up to _____ tons	<input type="radio"/> <b>Worker(s):</b> number _____ ca. hours _____	

BUILD UP PERIOD	DATE / TIME	BREAK DOWN PERIOD	DATE / TIME
▶ _____ ◀	◀ _____ ▶	▶ _____ ◀	◀ _____ ▶

**Value of shipment: EUR** \_\_\_\_\_

**Forwarding insurance RVS / SVS / forklift / liability**     premium 1 ‰ (of value)

If you specify no value, Lagermax Internationale Spedition GmbH takes out insurance for EUR 5,000.- .  
 Premium EUR 5.- per order note.

**RVS / SVS-Waiver?**                            Yes      No     **Attention:** Information needed before order!

**STORAGE:**                                    **Empties / packing material**                            **Full good**

**Pick up date:** \_\_\_\_\_ **Delivery date:** \_\_\_\_\_ **Volume:** ca. \_\_\_\_\_

*Planning of forwarding services (transport, forklift, storage, etc.) requires timely preparation. Therefore ordering must be in time. The signee instructs Lagermax to execute the specified orders. The individual fair / transport services are changed according to valid fair tariffs and transport agreements.*

**Invoice recipient:**

**UID / VAT-Nr.:**  \_\_\_\_\_

Date / customer (name) / company \_\_\_\_\_